

## APPLICATION DATA SHEET

### **Application Information**

Application Type::	Continuation
Title::	System for Electrosurgical Tissue Contraction
Attorney Docket Number::	A-3-4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	21
Small Entity?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Philip
Middle Name::	E.
Family Name::	Eggers
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Country of Residence::	USA
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City of mailing address::	Dublin
State or Province of mailing address::	Ohio
Country of mailing address::	USA
Postal or Zip Code of mailing address::	43017
Applicant Authority Type::	Inventor

Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Hira
Middle Name::	V.
Family Name::	Thapliyal
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City of mailing address::	Los Altos
State or Province of mailing address::	California
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#### **Correspondence Information**

Correspondence Customer Number::	021394
Name::	ArthroCare Corporation
Street of mailing address::	680 Vaqueros Avenue
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	USA
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#### **Representativ Information**

Representative Customer Number::	021394
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	08/942,580	10/02/97
08/942,580	Continuation-In-Part	08/446,767	06/02/95
08/446,767	Continuation-In-Part	08/059,681	05/10/93
08/059,681	Continuation-In-Part	07/958,977	10/09/92
07/958,977	Continuation-In-Part	07/817,575	01/7/92

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
U.S. Army	PCT/US94/05168	5/10/94	Yes

**Assignee Information**

Assignee name:: ArthroCare Corporation  
Street of mailing address:: 680 Vaqueros Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: California  
Postal or Zip Code of mailing address:: 94085-3523